

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

212033US8 DIV

First Inventor or Application Identifier

Mitsuyo NAG

Title

ANTITHROMBOTIC AGENT AND ANTI-VON WILLEBRAND FACTOR
MONOCLONAL ANTIBODY

Assignee Name: Ajinomoto Co., Inc.

Assignee Address: 15-1, Kyobashi 1-chome, Chuo-ku, Tokyo 104, JAPAN

PTO
09/923952
1c997 U.S.

08/08/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

Specification

Total Sheets **57**

Formal Drawing(s)
(35 U.S.C. 113)

Total Sheets **14**

4. Oath or Declaration

Total Pages **3**

a. ☐ Newly executed (original or copy)

b. ☒ Copy from a prior application (37 C.F.R., §1.63(d))
(for continuation / divisional w/ box 17 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).

5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)

6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification or Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))

8. ☒ Application Data Sheet. See 37 CFR 1.76

9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

10. ☐ English Translation Document (if applicable)

11. ☒ Information Disclosure
Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations (15)

12. ☒ Preliminary Amendment w/Marked-up Copy

13. ☒ White Advance Serial No. Postcard

14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. ☐ Applicant claims small entity status.
See 37 CFR 1.27

16. ☒ Other: Request for Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation

☒ Divisional

☐ Continuation-in-part (CIP)

of prior application no.: 09/299,016

Prior application information: Examiner: F. VANDER VEGT

Group Art Unit: 1644

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is
considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon
when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☒ This application is a ☐ Continuation ☒ Division ☐ Continuation-in-part (CIP)

of application Serial No.

09/299,016

Filed on

April 26, 1999, now allowed, which is a division of application Serial
No. 08/836,982, filed June 27, 1997, now U.S. Patent No.
5,916,805, which was filed as International Application No.
PCT/JP95/02435.

☐ Which was published in English

☐ Which was not published in English

☐ This application claims priority of provisional application Serial No.

Filed

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Date:

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Registration No.: 41,504

Docket No. 212033US0 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

- INVENTOR(S) Mitsuyo NAGANO, et al.

SERIAL NO: New Application

- FILING DATE: Herewith

FOR: ANTITHROMBOTIC AGENT AND ANTI-VON WILLEBRAND FACTOR MONOCLONAL ANTIBODY

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	7 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
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TOTAL OF ABOVE CALCULATIONS				\$710.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$710.00** to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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Date: 7/21/04



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